

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/544279

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		Ⓟ		Ⓟ		
3		Ⓟ		Ⓟ		
4		Ⓟ		Ⓟ		
5		Ⓟ		Ⓟ		
6		Ⓟ		Ⓟ		
7	1		1			
8		Ⓟ		Ⓟ		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	7	←		←
TOTAL CLAIMS			9			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						